



Redesigning Advance Care Planning for Reliability, Safety, and System-wide Impact

Renee Brinker, PT, MBA, CPHQ

Kyle Yoder, DO

OHA Conference 5.18.26

Learning Objectives

- *Describe* how high reliability principles can be applied to redesign ACP workflows for improved safety and consistency.
- *Identify* specific operational and EMR-based strategies that increase the reliability and accessibility of ACP documentation across care settings.
- *Evaluate* measurable impacts of ACP redesign efforts using process, outcome, and patient engagement metrics

Disclosures/Acknowledgements

- Summa Health uses Epic as its Electronic Health Record.
- Ohio's laws around DNR differ from many other states.
- Perspective of clinicians and operations – not legal experts
- Diversity of audience and knowledge base

What is Advance Care Planning and Why Does it Matter?

Definition

- Advance care planning (ACP) is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care
- ACP can be performed by various health care disciplines
- ACP *can* include completion of an advance directive (AD)

Outcomes

Individuals that engage in ACP with a healthcare professional demonstrate:

- Higher rates of completion of ADs
- Reduced hospitalization at the end of life
- Increased utilization of hospice services
- Increased likelihood that a patient will die in their preferred place
- Lower stress, anxiety, and depression in surviving relatives of deceased persons
- Reduced cost of end-of-life care without increasing mortality

[Advance care planning and advance directives - UpToDate](#)

What are Advance Directives (AD)?

Legal documents that go into effect ONLY if one is incapacitated and unable to speak for themselves.

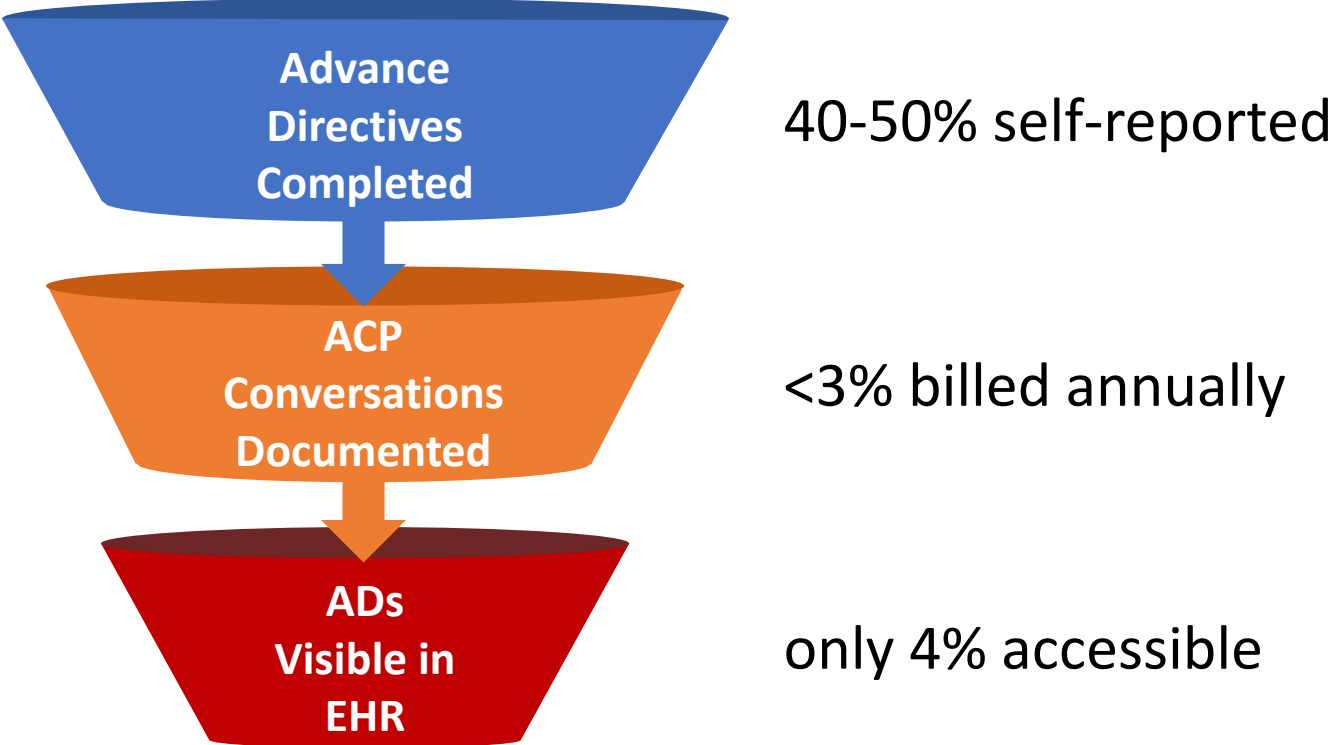
- ✓ *Healthcare Power of Attorney*
- ✓ Living Will
- ✓ DNR- Do Not Resuscitate

Did you know....

- You do NOT need a lawyer to complete these forms
- Documents do not expire
- Family members cannot overrule an advance directive
- Ohio uses a Next-of-kin (NOK) hierarchy when AD do not exist
- Only a qualified medical provider can create a DNR order

ACP has been shown to be beneficial, BUT...

Research demonstrates...



ACP exists – but not when clinicians need it

ACP Is a Safety-Critical Process

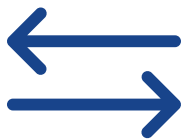
ACP guides the most critical decisions



Emergencies



Hospital admissions



Care Transitions



End-of-life moments

When ACP Fails

Failure shows up at the worst moment

Crisis decisions

Family distress

Clinician moral distress



Ethical Implications and Moral Distress

When ACP Fails

Unwanted treatment



Family conflict



Clinician moral distress



When ACP Works

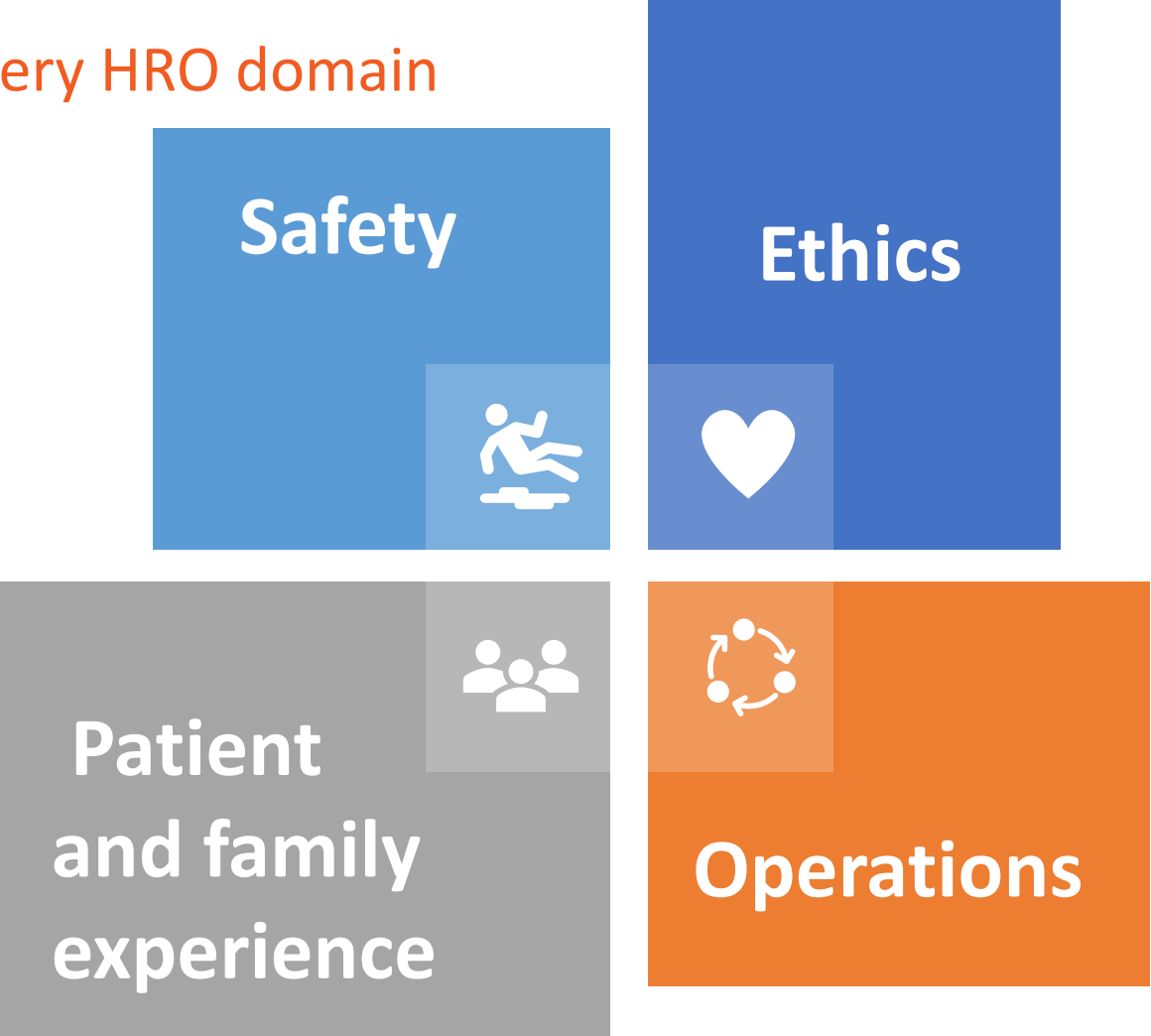
Patient autonomy preserved,
care aligned with values

Families relieved from making
tough decisions

Ethical clarity

ACP is a High-Reliability Problem

ACP Intersects every HRO domain



Mapping HRO Principles to ACP

Why this framework makes sense

HRO Principle	ACP Application
Preoccupation with failure	Missing or outdated ACP is a preventable risk
Sensitivity to operations	AD must be visible at point of decision
Reluctance to simplify	Preferences are nuanced, not checkboxes
Commitment to resilience	ACP process must work during crisis
Deference to expertise	ACP clinical experts lead the charge

Applying HRO to ACP

ACP Redesigned through an HRO Lens

ACP Risk	HRO Response
Missing ACP	Hardwired workflows
Crisis changes	Upstream planning
Transitions	Automation

Baseline Reality (2023-2024)

ACP was not reliable

- 8.4% ACP accurately filed in chart (>65)
- Industry benchmark \approx 10%
- ACP CPT I/II billing: 40/month
- Frequent inpatient code status changes



Design Strategy

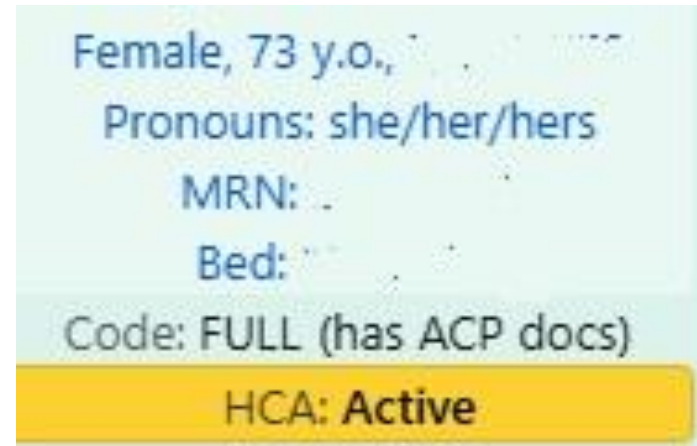
Reliability over Workarounds

- Standardize workflows
- Automate where appropriate
- Hardwire safety-critical steps
- Reduce cognitive burden
- Educate and engage teams
- Activate patients

Intervention 1: EMR & Workflow Redesign

Make ACP the Default

- Embedded ACP prompts into templates
- Standard document location and naming conventions
- EMR flags for point-of-care visibility



Advance Care Planning Documents

Documents without effective dates are displayed at the bottom.

Document Type	Status	Effective Date	Expiration Date	Received On	Description
DNR (Do Not Resuscitate)	Received	04/17/26			Ohio DNR Form
> DNR (Do Not Resuscitate)	Received			04/29/25	
Advance Directives and Living Will	Not Received				
Power of Attorney	Not Received				

Intervention 2: Educate for ACP Clarity

Confidence Drives Consistency

- Document types
- Ohio ACP laws including legal NOK hierarchy
- Role clarity across disciplines
- Escalation pathways



Determine your Advance Directives, including:

- A Living Will
- A Healthcare Power of Attorney
- A Declaration for Mental Health Treatment



Scan the QR code to listen to Summa Health's podcast, *The Importance of Advance Directives in End-of-Life Care.*

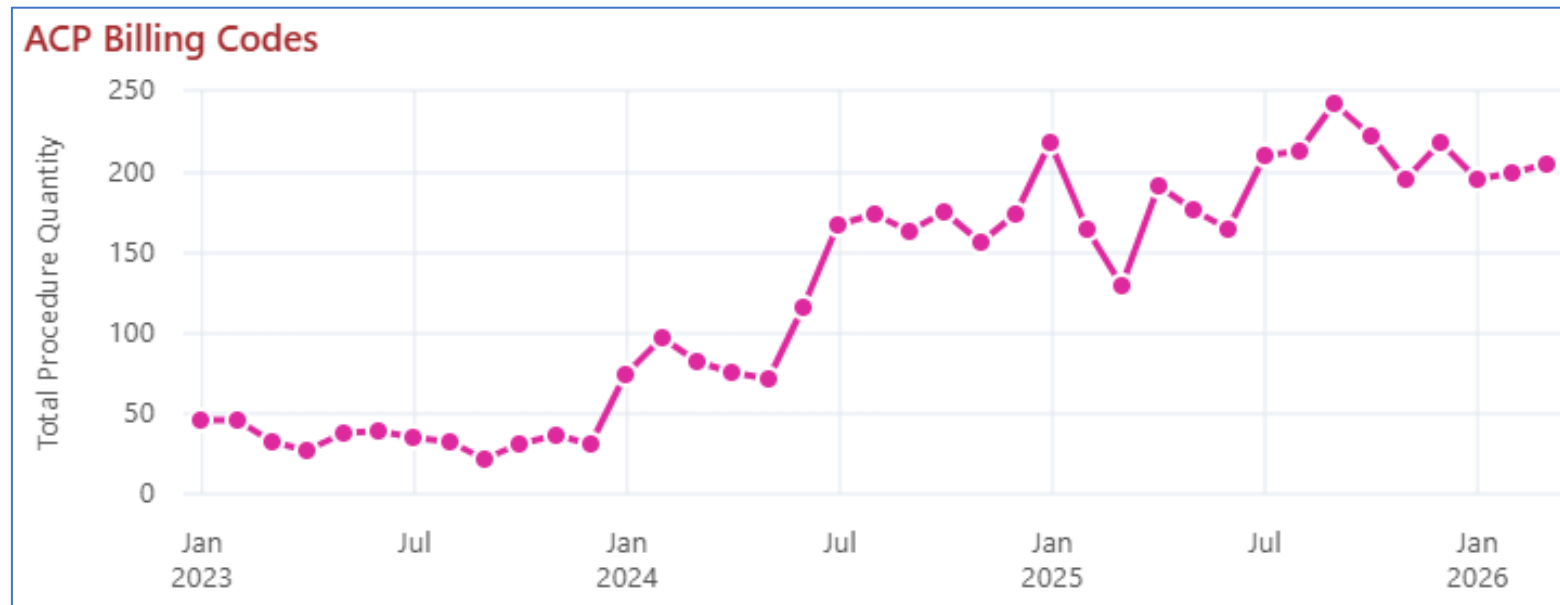
Information can be found at summahealth.org/advancedirectives.



Intervention 3: Billing and Documentation Improvement

Supporting Sustainability

- Clinical decision support embedded into smartphrases to meet CMS billing criteria
- Automated CPT billing triggers in Annual Wellness Template
- Linking ACP documentation from clinical notes to ACP Activity for improved visibility

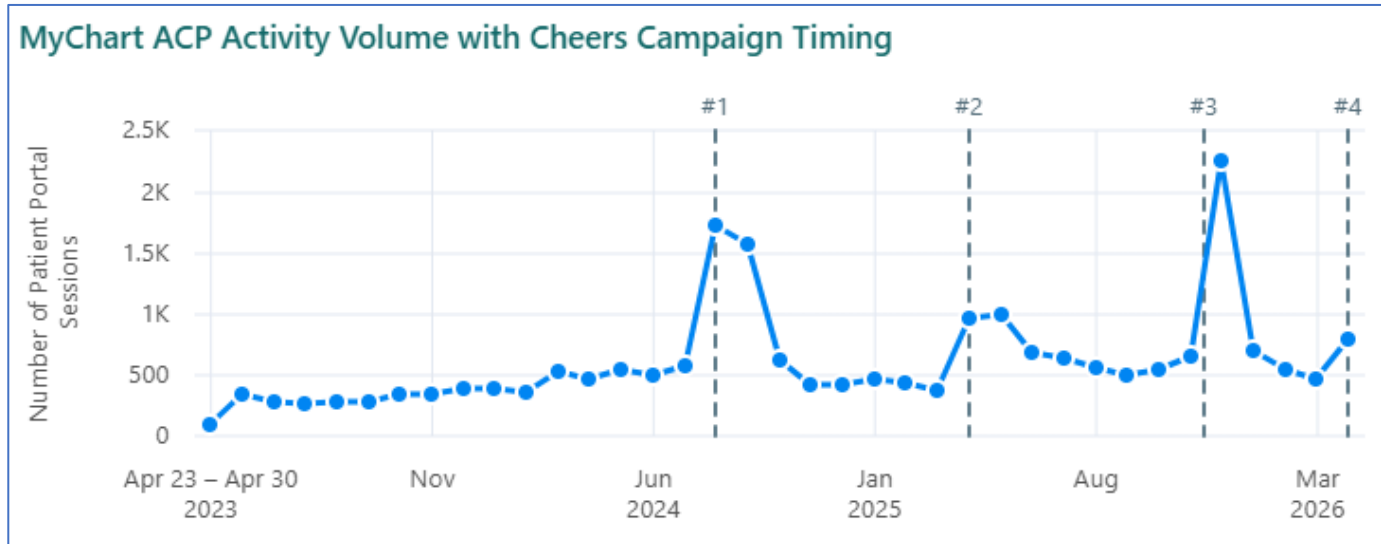
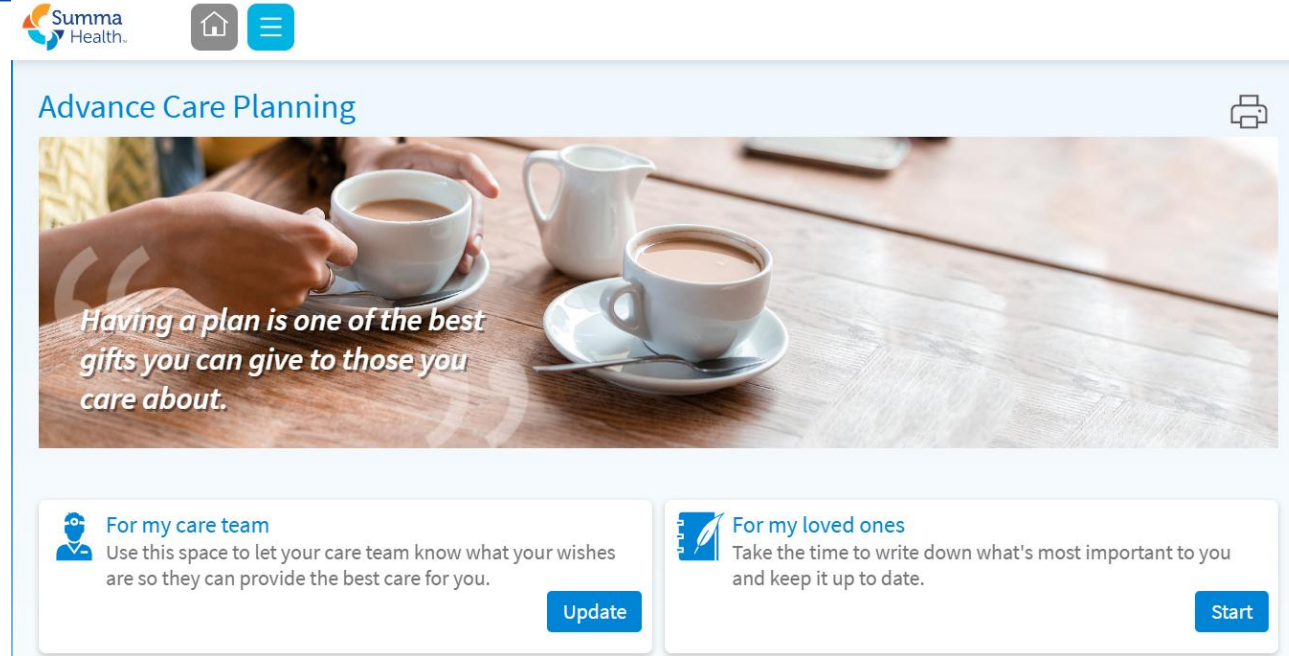


CPT Codes:
99497
99498
1123F
1124F
1157F
1158F

Intervention 4: Patient Engagement

Patients as Safety Partners

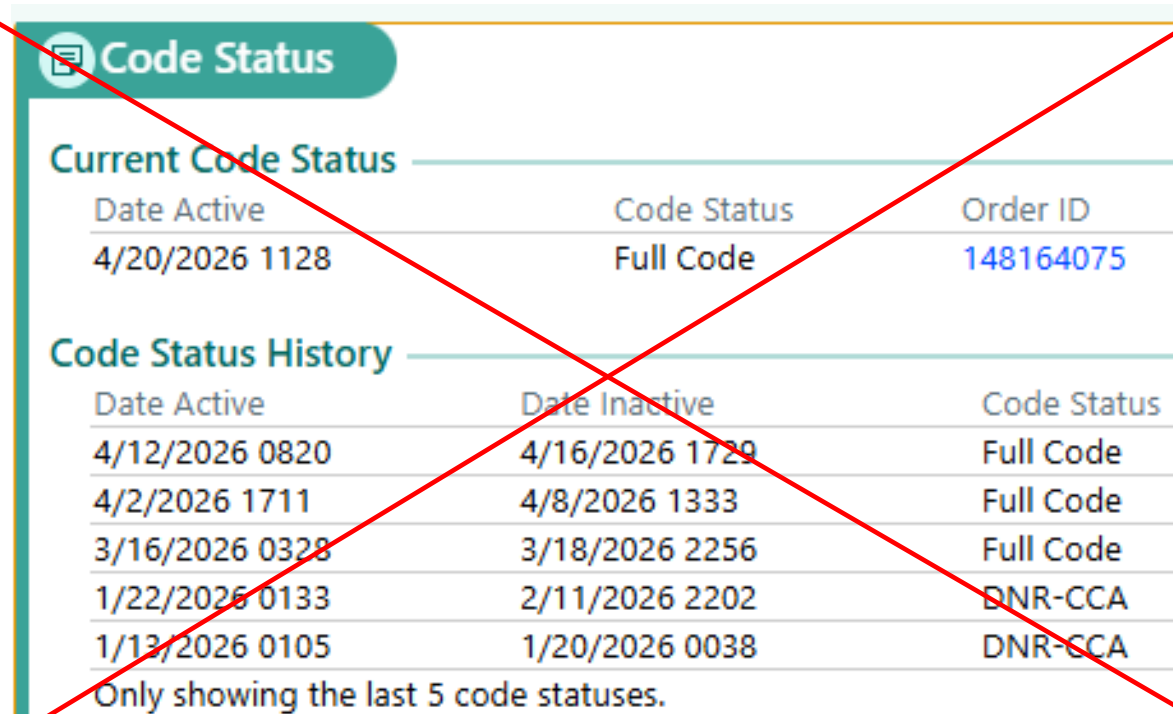
- Normalizing conversations
- Portal design with dedicated landing page
- Automated requests to upload AD documents
- Document review reminders



Intervention #5: Electronic Discharge DNR orders

Discharge without Alignment Creates Risk

- Unknown prior code status
- Inconsistent paper processes
- High risk at transitions



The screenshot shows a 'Code Status' interface with two tables. The first table, 'Current Code Status', has columns for Date Active, Code Status, and Order ID. The second table, 'Code Status History', has columns for Date Active, Date Inactive, and Code Status. A note at the bottom states 'Only showing the last 5 code statuses.'

Code Status		
Current Code Status		
Date Active	Code Status	Order ID
4/20/2026 1128	Full Code	148164075
Code Status History		
Date Active	Date Inactive	Code Status
4/12/2026 0820	4/16/2026 1729	Full Code
4/2/2026 1711	4/8/2026 1333	Full Code
3/16/2026 0328	3/18/2026 2256	Full Code
1/22/2026 0133	2/11/2026 2202	DNR-CCA
1/13/2026 0105	1/20/2026 0038	DNR-CCA

Only showing the last 5 code statuses.

e-DNR: The Solution

Hardwired Discharge Reliability

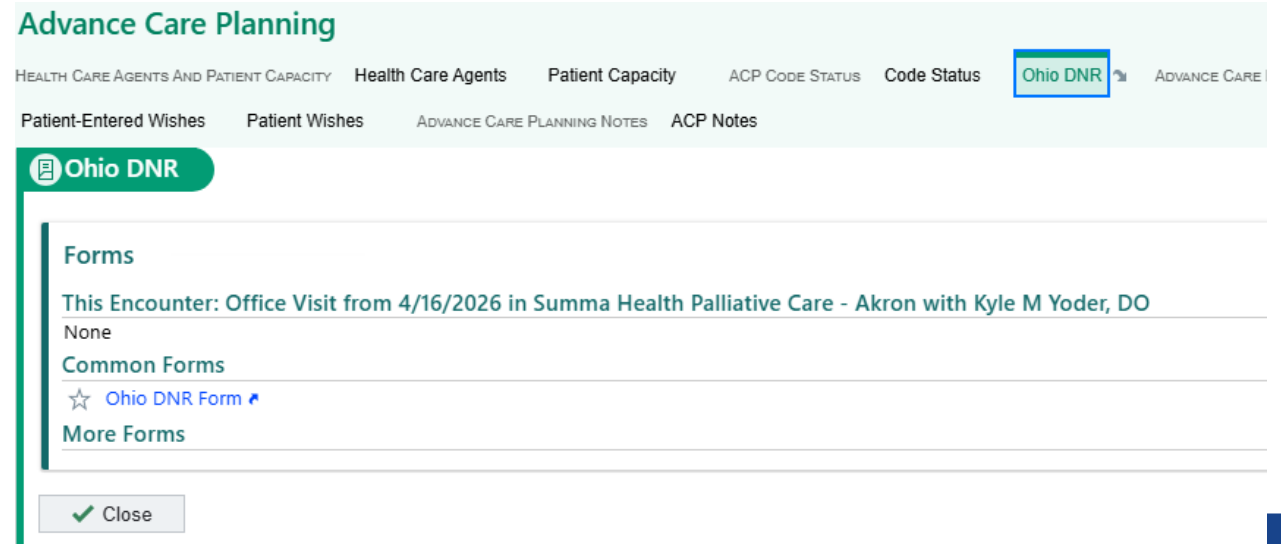
- Electronic Ohio DNR form
- Configured as hard stop based on inpatient code status at discharge
- Form completion prompted during ambulatory encounters
- Viewable across Epic systems



Order Validation

You cannot sign these orders because information is missing or requires your attention:

Patient has DNRCC or DNRCCA code status but no DNR Form on record. Complete Ohio DNR Form in Discharge Navigator before signing discharge orders.



- Data fields automatically filled in
- Form requires provider signature
- Signatures can be saved for rapid completion each time

Ohio DNR Form

DNR

DNR Form Macros

Populate Validate Hide Macros

DNR COMFORT CARE **DNR ORDER FORM**

A printed copy of this order form or other authorized DNR identification must accompany the patient during transports and transfers between facilities.

Any medical orders, instructions, or information other than the those required elements of the form itself, that are written on this order form are not transportable and are not provided protections or immunities.

Patient Name
Amstutz, Marcia Ann

Patient Birth Date
7/15/1948

Printed name of Physician, APRN or PA
Kyle M Yoder, DO

Date
4/17/2026

Phone
330-375-3039

CHECK ONLY ONE BOX BELOW

DNR Comfort Care - Arrest:

Providers will treat patient as any other without a DNR order until the point of cardiac respiratory arrest at which point all interventions will cease and the DNR Comfort Care protocol will be implemented.

or

DNR Comfort Care:

The following DNR protocol is effective immediately.

DNR PROTOCOL

Status: New Sign (E) ...

Ohio DNR Form

DNR

The following DNR protocol is effective immediately.

DNR PROTOCOL

Providers Will:	Providers Will Not:
• Conduct an assessment	• Perform CPR
• Perform basic medical care	• Administer resuscitation medications with the intent of restarting the heart or breathing
• Clear airway of obstruction or suction	• Insert an airway adjunct
• If necessary for comfort or to relieve distress, may administer oxygen, CPAP or BiPAP	• Defibrillate, cardiovert or initiate pacing
• If necessary, may obtain IV access for hydration or pain medication to relieve discomfort, but not to prolong death	• Initiate continuous cardiac monitoring
• If possible, may contact other appropriate health care providers (hospice, home health, physician, APRN or PA)	

Physicians, emergency medical services personnel, and persons acting under the direction of or with the authorization of a physician, APRN or PA who participate in the withholding or withdrawal of CPR from the person possessing the DNR identification are provided immunities under section 2133.22 of the Revised Code. This DNR order is effective until revoked.

* A DNR may be issued by an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) when authorized by section 2133.211 of the Ohio Revised Code.

HEA 1930 Revised 01/09/2025


Signatures

Sign (Signature of Physician, APRN or PA)

← Previous → Next


Status: New Sign (E) ...

- Form prints automatically with discharge paperwork
- Identical to Ohio DNR form



A printed copy of this order form or other authorized DNR identification must accompany the patient during transports and transfers between facilities.

Any medical orders, instructions, or information other than the those required elements of the form itself, that are written on this order form are not transportable and are not provided protections or immunities.

Patient Name: [Redacted]	Patient Birth Date: [Redacted]
Optional Patient or Authorized Representative's Signature: [Redacted]	
Printed name of Physician, APRN or PA*: Kyle M Yoder, DO	Date: 04/17/2026
REQUIRED Signature of Physician, APRN or PA: 	Phone: 330-375-3039

CHECK ONLY ONE BOX BELOW

DNR Comfort Care — Arrest: Providers will treat patients as any other patient without a DNR order until the point of cardiac or respiratory arrest at which point all interventions will cease and the DNR Comfort Care protocol will be implemented.

DNR Comfort Care: The following DNR protocol is effective immediately:

DNR PROTOCOL

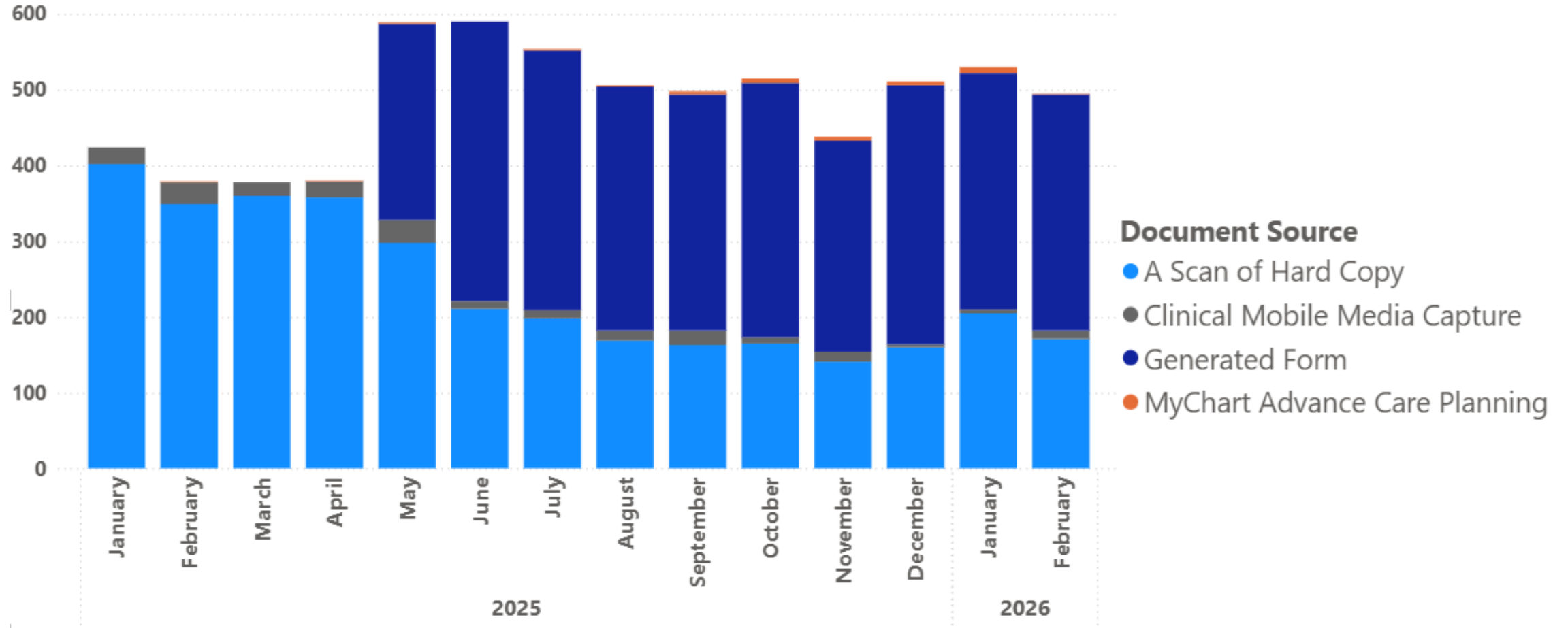
Providers Will: <ul style="list-style-type: none"> • Conduct an assessment • Perform basic medical care • Clear airway of obstruction or suction • If necessary for comfort or to relieve distress, may administer oxygen, CPAP, or BiPAP • If necessary, may obtain IV access for hydration or pain medication to relieve discomfort, but not to prolong death • If possible, may contact other appropriate health care providers (hospice, home health, physician, APRN, or PA) 	Providers Will Not: <ul style="list-style-type: none"> • Perform CPR • Administer resuscitation medications with the intent of restarting the heart or breathing • Insert an airway adjunct • Defibrillate, cardiovert or initiate pacing • Initiate continuous cardiac monitoring
--	--

Physicians, emergency medical services personnel, and persons acting under the direction of or with the authorization of a physician, APRN or PA who participate in the withholding or withdrawal of CPR from the person possessing the DNR identification are provided immunities under section 2133.22 of the Revised Code. This DNR order is effective until revoked.

* A DNR may be issued by an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA) when authorized by section 2133.211 of the Ohio Revised Code.
HEA 1930 Revised 01/09/2025

Impact of E-DNR

DNRs by Source



Results: Improved ACP Reliability

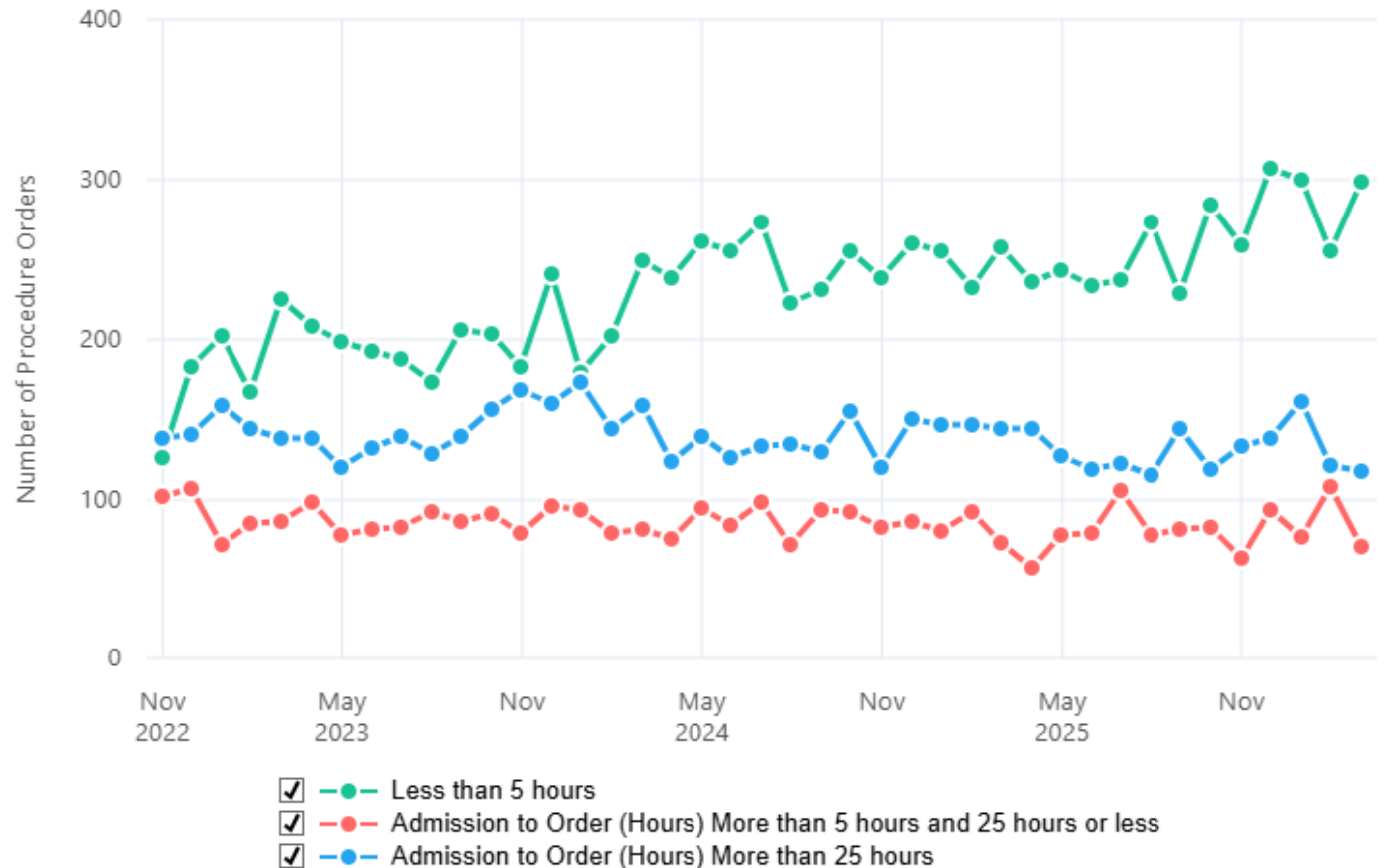
Upstream Planning Increased Accuracy of Code Status at Admission



88% increase in Epic AD documents filed in Summa primary care patients over 65 since Jan 2024

8.4% → 15.8%
>1400 patients

DNR CCA Code status orders by timeframe



Why this worked

Interdisciplinary by Design

- Operations leadership
- Palliative Care and Geriatrics expertise
- Frontline co-design
- Patient-focused

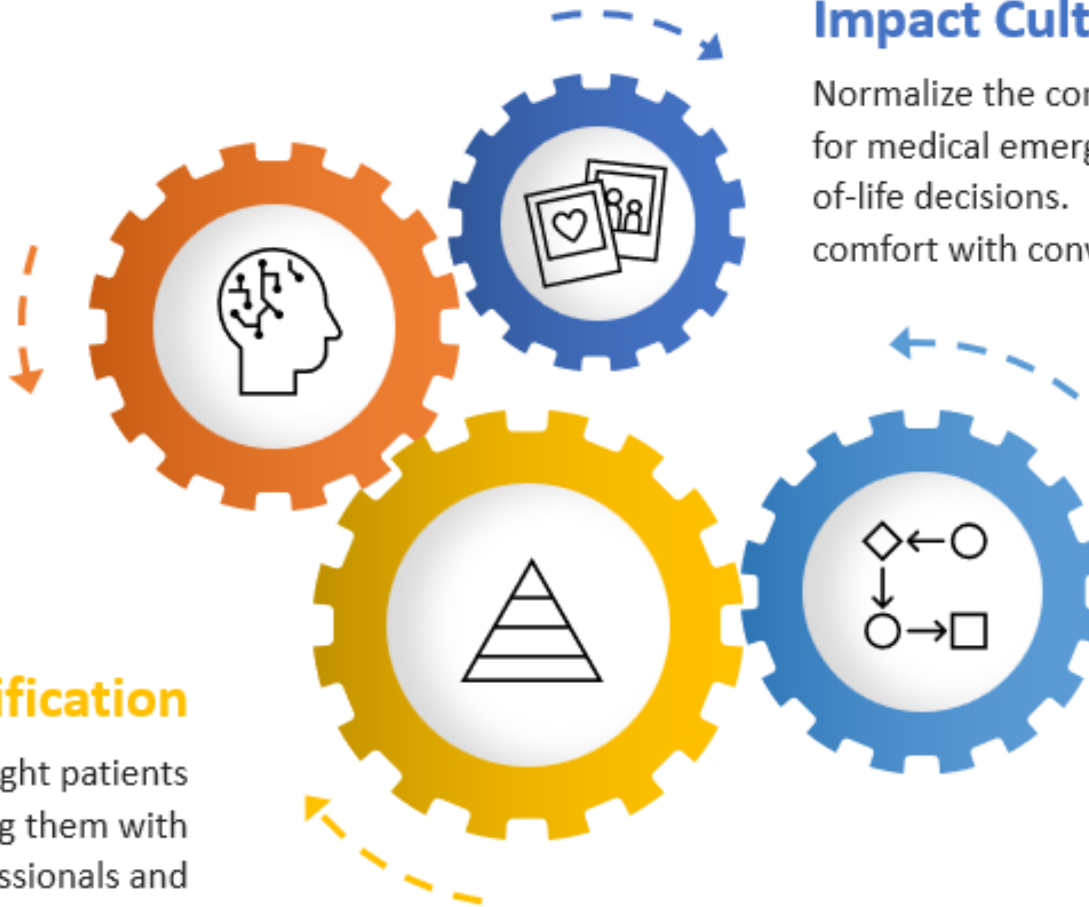
Key Lessons

- Reliability beats reminders
- Automation *supports* conversation, not replaces it
- Patients are partners in safety
- Transitions deserve special attention

What's Next: The Future for ACP Interventions

Artificial Intelligence

Improved training simulations, patient-facing information presentation, equitable care. Optimize ambient listening to better capture these important conversations.



Impact Culture

Normalize the concepts of preparing for medical emergencies and end-of-life decisions. Improve care team comfort with conversations.

Documentation and Workflow Enhancements

Continued efforts to optimize EHR processes to minimize administrative burden allowing for improved quality of conversations

Risk Stratification

Identifying the right patients and connecting them with the right professionals and resources.

References

1. Platts-Mills TF, Richmond NL, LeFebvre EM, Mangipudi SA, Hollowell AG, Travers D, Biese K, Hanson LC, Volandes AE. Availability of Advance Care Planning Documentation for Older Emergency Department Patients: A Cross-Sectional Study. *J Palliat Med*. 2017 Jan;20(1):74-78. doi: 10.1089/jpm.2016.0243. Epub 2016 Sep 13. PMID: 27622294; PMCID: PMC5177997.
2. Grudzen CR, Buonocore P, Steinberg J, Ortiz JM, Richardson LD; AAHPM Research Committee Writing Group. Concordance of Advance Care Plans With Inpatient Directives in the Electronic Medical Record for Older Patients Admitted From the Emergency Department. *J Pain Symptom Manage*. 2016 Apr;51(4):647-651. doi: 10.1016/j.jpainsymman.2015.12.318. Epub 2016 Feb 16. PMID: 26891604.
3. Weick, Karl E., and Kathleen M. Sutcliffe. *Managing the Unexpected: Sustained Performance in a Complex World*. 3rd ed. Hoboken, NJ: John Wiley & Sons, 2015.



Thank You

Contact:

brinkerr@summahealth.org

yoderky@summahealth.org

